

# EXHIBIT 1

1 Q. Okay. And, for example, at  
2 Dartmouth there's a separate department of  
3 economics that has a separate faculty of  
4 professors and Ph.Ds who teach economics,  
5 correct?

6 A. Yes. And since the time that  
7 I've been at the Tuck School of Business at  
8 Dartmouth, three of the faculty members from  
9 the department of economics at Dartmouth  
10 College in the college of arts and sciences  
11 are now faculty members in the Tuck School of  
12 Business.

13 Q. Okay. Faculty members of what  
14 exactly?

15 A. We are all faculty members of  
16 management with subspecialties.

17 Q. Okay. And their subspecialty,  
18 for example, would be the economics side of  
19 what you would study to get an MBA from Tuck,  
20 correct?

21 A. Yes.

22 Q. Okay. Do you have any what I  
23 would call -- well, are you familiar with the  
24 prescription drug approval process in the

1       United States?

2           A.       I am not an expert, and don't  
3 have an opinion on that.

4           Q.       Okay. You do some  
5 health-related messaging initiatives, though,  
6 don't you? And you study -- I believe you  
7 said one of your consumer behavior sort of  
8 sub-research interest was health choices,  
9 correct?

10          A.       Yes.

11          Q.       Okay. So does that -- do you  
12 have some level of knowledge of how  
13 prescription drugs are approved in the US?

14          A.       I am an expert on how consumers  
15 make health-related decisions. I am not an  
16 expert on the approval process for health  
17 products and services.

18          Q.       Okay. Do you know what an NDA  
19 is, for example?

20          A.       No.

21          Q.       What about an ANDA?

22          A.       No.

23          Q.       Okay. Do you at least have an  
24 understanding that prescription drugs can't

1 A. Yes.

2 Q. Since that time, do you recall  
3 looking at, as part of your work on this  
4 case, any FDA regulations regarding  
5 prescription pharmaceuticals?

6 A. As is outlined in my report, I  
7 looked at some FDA-sourced material related  
8 to the valsartan recall.

9 Q. That would be FDA announcements  
10 and the like specifically related to  
11 valsartan, correct?

12 A. To the best of my recall, yes.

13 Q. Okay. Do you recall looking at  
14 any FDA regulations of general applicability  
15 to prescription pharmaceuticals as part of  
16 your work in this case?

17 A. Not that I recall.

18 Q. Do you know what cGMPs are?

19 A. I know what the acronym stands  
20 for.

21 Q. Okay. What is that?

22 A. Current manufacturing -- sorry,  
23 current good manufacturing practices.

24 Q. Okay. Have you actually looked

1 at what the FDA regulations are regarding  
2 cGMPs?

3 A. I am not an expert on  
4 manufacturing processes. I'm an expert on  
5 consumer decision-making.

6 Q. Okay. Have you reviewed any  
7 FDA or congressional definitions of  
8 adulteration and misbranding of drugs?

9 A. First, those were multiple  
10 questions. Could you ask, and be specific.

11 Q. Sure, I'll break it down.

12 Have you reviewed any FDA or  
13 congressional definitions of "adulteration"?

14 A. No.

15 Q. Okay. Same question for  
16 "misbranding."

17 A. No.

18 Q. You don't have any expertise in  
19 chemistry, do you?

20 A. Please define "expertise in  
21 chemistry."

22 Q. Have you studied chemistry  
23 ever?

24 A. Only in school, high school.

1 Q. Okay. So you would not call  
2 yourself an expert chemist?

3 A. No.

4 Q. How about toxicology?

5 A. I would not consider myself an  
6 expert in toxicology.

7 Q. I'm going to mark your report,  
8 Dr. Keller, as Exhibit 2.

9 (Whereupon, Keller Exhibit  
10 Number 2 was marked for  
11 identification.)

12 MR. GOLDBERG: She has a copy  
13 of it.

14 A. A copy of my report, yes. It's  
15 okay, I'm happy to use yours.

16 BY MR. DAVIS:

17 Q. You can keep mine, the marked  
18 copy, but if you feel more comfortable  
19 reviewing yours, that's fine.

20 A. No, I'm fine with either copy.

21 MR. DAVIS: Do you want a copy,  
22 Seth?

23 MR. GOLDBERG: I'll take it  
24 just for recordkeeping purposes.

1 other words, approved as safe and effective  
2 by the FDA? Is that part of the messaging?

3 A. I do not recall. My task in  
4 this project is to focus on the how versus  
5 why components of that message. There are  
6 other team members that are focused on other  
7 aspects of who gets the message and the  
8 context in which they get the message.

9 Q. Okay. Let's transition.

10 MR. GOLDBERG: John, if we are  
11 transitioning, can we take a break?

12 MR. DAVIS: Sure. Yeah, that's  
13 fine.

14 THE VIDEOGRAPHER: Off the  
15 record at 10:43.

16 (Whereupon, a recess was  
17 taken.)

18 THE VIDEOGRAPHER: Back on the  
19 record at 11:04.

20 BY MR. DAVIS:

21 Q. Do you have any understanding  
22 of how generic drugs specifically get  
23 approved in the US?

24 A. No.

1                   A.         I will repeat why I am not  
2 saying that there was no supply. In part, I  
3 don't know what supply there already was in  
4 the marketplace, I don't know what -- how it  
5 was recalled, I don't know what instructions  
6 people gave, physicians and otherwise, as to  
7 what people should do with whatever supply  
8 was available, and I actually from this  
9 sentence don't even know.

10                  It says earlier that they're  
11 going to work with them. I don't know when  
12 they started working with them and allowed  
13 them to reenter the market. I don't know.

14                  Q.         Do you know what happens to the  
15 supply of pharmaceuticals that are already in  
16 the market once a recall is announced? Do  
17 you know what happens to those pills that are  
18 sitting on warehouse shelves or pharmacy  
19 shelves after the recall is announced?

20                  A.         I am not an expert on this, and  
21 I will not form an opinion.

22                  MR. GOLDBERG: John, I think  
23 we've been going about 90 minutes.

24                  MR. DAVIS: Sure. Five

1 my figure on page 43, because they were  
2 supplied. And I'm saying that if you went  
3 back retrospectively and asked those  
4 consumers, Hey, given what you know now about  
5 the impurities and whichever way you want to  
6 define it -- and that is going to make a  
7 difference how you define it and how you  
8 communicate it and who communicates it -- how  
9 would you assess the value of the work of  
10 this -- of the at-issue VCD that you took.

11 And all this is saying here in  
12 my figure is that you will get a range of  
13 responses.

14 Q. What literature do you have to  
15 support what appears to be your proposition  
16 that an economic damages analysis should be  
17 based on a retrospective look as opposed to  
18 measuring at the time of injury?

19 A. I am not a lawyer. I don't  
20 have an opinion on that.

21 Q. Okay. And you're not offering  
22 an economic damages analysis here, are you?

23 A. No.

24 Q. And you're not qualified to do

1       this determination, but to say that a drug is  
2       worthless because it's -- let me read that  
3       again, even if it is efficacious that the  
4       economic value is zero is wrong.

5           Q.        Okay. But you testified  
6       earlier that you've never done an economic  
7       damages analysis in litigation, have you?

8           A.        Correct.

9           Q.        And you've never done one  
10      period, right?

11          A.        Correct.

12          Q.        Okay. And you're not an  
13      economist, right?

14          A.        I have a bachelor's in  
15      economics, but I'm not an economist.

16          Q.        All right. Thank you.

17                   MR. DAVIS: Let's take a quick  
18      break, five minutes, and I'm pretty  
19      close.

20                   MR. GOLDBERG: Okay.

21                   MR. DAVIS: We can go off the  
22      record.

23                   THE VIDEOGRAPHER: Off the  
24      record at 3:29.